

Audits – Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 Phone: (510) 622-2288; Fax (510) 622-2585

January 25, 2008

Santa Barbara Co. Alcohol, Drug & Mental Health Services Ann Detrick, PhD. Director 300 North San Antonio Rd., Bldg. 3 Santa Barbara, CA 93110

Dear Dr. Detrick:

AUDIT REPORT - TELECARE CORPORATION

We have examined the Short-Doyle/Medi-Cal Cost Report and Data Collection (CR/DC) report of Telecare Corporation, a Santa Barbara County Contract Provider, for the fiscal period July 1, 2002 through June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures, as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Federal Short-Doyle/Medi-Cal Net Program Costs (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Short-Doyle/Medi-Cal Program Cost As Reported (FFP)	\$ 1,163,979
Net Short-Doyle/Medi-Cal Program Cost As Audited (FFP)	1,159,207
Overstatement of Net Program Cost (FFP)	\$ 4,772

If you disagree with any of the results of this audit, you may request an informal conference. This request must be in writing and be received by the Department of Health Services within sixty (60) calendar days following the date of receipt of the overall County Community Mental Health Services report.

Ann Detrick, PhD. Director January 25, 2008 Page 2

Your notice of disagreement should be directed to Vicki Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, CA 95814 and should be in conformance with the provisions of Sections 51016 and sequence, Title 22 of the California Code of Regulations.

Sincerely,

for Minley Castanide
WALTER J. HILL, JR., MBA, EA

Chief of Audits

SHIRLEY CASTANEDA, Supervisor

Audits - Northern Region

Enclosures

CERTIFIED MAIL

SANTA BARBARA COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

LEGAL ENTITY NAME: TELECARE INCORPORATION LEGAL ENTITY NUMBER: 00108

			Audit		
	_	As Settled	Adjustments	As Audited	
(Sch. 2)	\$	1,163,979 \$	(4,772) \$	1,159,207	
(Sch. 2)	_	0	0	0	
	\$	1,163,979 \$	(4,772) \$	1,159,207	
	, ,	(Sch. 2)	(Sch. 2) \$ 1,163,979 \$ (Sch. 2) 0	As Settled Adjustments	

SANTA BARBARA COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

LEGAL ENTITY NAME: TELECARE INCORPORATION LEGAL ENTITY NUMBER: 00108

			As Settled	A	Audit Adjustments	As Audited
otal Medi-Cal Gross Reimbursement		_				
. Inpatient SD/MC	(MH 1968, Ln 11, 11A)	\$	0	\$	0 \$	(
. Outpatient SD/MC	(MH 1968, Ln 11, 11A)		2,262,035		(9,282)	2,252,75
Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0	
Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		0		0	
Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0	
Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0	
Healthy Family Gross Reimbursement-1/P	(MH1968, Ln 27, 27A)		0		0	
Healthy Family Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		0		0	
Total	(,	\$_	2,262,035	\$ _	(9,282) \$	2,252,75
ess: Patient & Other Payor Revenues						
). Inpatient SD/MC	(MH 1968, Ln 28, 28A)	\$	0	\$	0 \$	
. Outpatient SD/MC	(MH 1968, Ln 28, 28A)		39		0	3
2. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0	
B. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0	
4. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0	
5. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0	
5. Healthy Family Patient Revenue-I/P	(MH 1968, Ln 31)		0		0	
, ,	· ·					
7. Healthy Family Patient Revenue-O/P 3. Total	(MH 1968, Ln 31)	\$	39		<u>0</u> s -	
·		=		===		
<u>ledi-Cal Net Reimbursement for Direct Servic</u> 9. Inpatient SD/MC (Incl Children Enhan)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0 \$	
D. Outpatient SD/MC (Incl Children Enhan)	(Ln 2,4 - Ln 11,13)	4	2,261,996	J	(9,282)	2,252,7
•						4,232,7
1. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0	
2. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0	
3. Healthy Family-I/P	(Ln 7 - Ln 16)		0		0	
4. Healthy Family-O/P	(Ln 8 - Ln 17)	_	0		0	
5. Total		\$ _	2,261,996	- \$ <u>-</u>	(9,282) \$	2,252,7
Medi-Cal MAA Reimbursement						
6. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0 \$	
7. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		0		0	
28. Total		\$ _	0	- - \$ -	0 \$	
Amount Negotiated Rates Exceed Cost						
29. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0 \$	
0. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0	
1. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0	
2. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0	
33. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		C		0	
34. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		Č		0	
35. Total	(MII 1700, Ell 40, 40A)	\$			0 \$	
Not Doimhurouble Cost FFD		•		_ :		
Net Reimbursable Cost - FFP	(Milliono 1 14 14 14 1		1 4/2 0=2	. ~	/4 7700	,
36. Direct Services	(MH1979, Ln 16, 16A)	\$	1,163,979		(4,772) \$	1,159,2
37. Enhanced SD/MC (Children)	(MH1979, Ln 17, 17A)		(0	
38. Enhanced SD/MC (Refugees)	(MH1979, Ln 18)		(0	
39. MAA	MH 1979, Ln 11, 12)		()	0	
40. Negotiated Rate-Payback-SD/MC & Enh	(MH1979, Ln 20)		()	0	
41. Healthy Families Reimbursement	(MH1979, Ln 27))	0_	
42. Total - FFP		\$	1,163,97	\$	(4,772) \$	1,159,
Contract Maximum		\$	1,636,20	\$	0 \$	1,636,
Lower of Net Reimbursable Cost or Contract	Maximum	\$	1,163,97	9 \$	(4,772) \$	1,159,
Edward of the Membrane Control Control						

SANTA BARBARA COUNTY COMMUNITY MENTAL HEALTH SERVICES MANAGEMENT COMMENTS AND RECOMMENDATIONS FOR FISCAL PERIOD ENDED JUNE 30, 2003

PROVIDER NAME:

TELECARE CORPORATION

PROVIDER NUMBER:

00108

FINDING 1: ELIMINATION OF AB 2034 HOMELESS PROGRAM COSTS FROM THE COST REPORT

During our examination of the County's records, Audits staffs were notified by the County that Telecare Corporation had eliminated \$184,338. of AB2034 funds from its cost report as a "Medi-Cal Adjustment" on Form MH 1961. These eliminated costs of \$38,310 and \$146,022 were identified as "Member Expenses" and Housing Expenses" respectively. The contract provider could not provide any documentation stating why these costs were removed in this manner.

According to cost report instructions, all costs pertaining to the operation of the mental health program of contract providers must be reported on Line 1 of Form MH1960. Unless there are specific unallowable costs included in Line 1 of the cost report that would need to be removed, all of the costs reported on Line 1 referenced above would flow throughout the cost report for proper identification and for reimbursement purposes.

RECOMMENDATION

We recommend that Telecare Corporation closely observe the cost report instructions when preparing its year-end Medi-Cal cost report. If there is any uncertainty s to how the proper treatment of any cost report item, the provider should consult with the County for a final disposition. Inappropriate reporting of cost report items could result in fiscal adjustments in the future which could jeopardize the receipt or payment of State or federal funds.

AUDIT AUTHORITY

- ➤ Center for Medicare and Medicaid Services (CMS) Pub.15-1, Sections 2102.3 and 2304:
- California Code of Regulations, Title 9, Section 640

AUDITEE'S RESPONSE

Telecare Corporation included the above costs for Member Expenses and Member Housing on Form MH 1961 Medi-Cal Adjustments believing at the time that this was the correct method of reporting these costs, since the costs are not Medi-Cal reimbursable. We have subsequently learned that the correct place to report these costs is Form MH 1960, Mode 60. We understand that the State auditors will allow a Cost Report adjustment to transfer the costs on Form MH 1961 to Form 1961, Mode 60 so that these expenses can be accounted for correctly.

Provide	r TELECAR	E COR	PORATIO	ON	Provider Number 108		No. of Adj. 9			l Ended 2003
	Report Re				JTC		As Reported	increase (Decrease)		As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN		-			-	······
			 	ADJUSTMENTS TO REPORTED COSTS						
1	MH 1960	8	A	ALLOWABLE COSTS FOR ALLOCATION		\$	2,882,417	\$ 38,316	\$	2,920,733 *
				To include the contractors AB2034 members expenses.						
))			CMS PUB. 15-1 SEC. 2304						
2	2 MH 1960		В	ALLOWABLE COSTS FOR ALLOCATION	*	\$	2,920,733	\$ 146,022	\$	3,066,755
				To include the housing expense.					Ì	
				CMS PUB. 15-1 SEC. 2304						
3	MH 1960	8	С (ALLOWABLE COSTS FOR ALLOCATION		\$	2,882,417	\$ 184,338	\$	3,066,755
	(ļ	To adjust reported expenses to reflect adjustment numbers 1 and	d 2.					
		ı		CMS PUB. 15-1 SEC. 2304						
4	MH 1960	18	С	MODE COSTS (DIRECT SERVICES AND MAA)		\$	2,882,417	\$ 184,338	\$	3,066,755
	}			To reflect distribution of adjustments number 1 through 3.						
		ı		ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE						
5	MH 1964	8	A	SUPPORT SERVICES (MODE 60)		\$	0	\$ 38,316	\$	38,316 *
				To include members expenses to proper cost center and reflect adjustment number 1.						
				CMS PUB. 15-1 SEC. 2304						
		!		* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.						

Provide					Provider Number	No. of Adj.	ì	eriod Ended
Fiovide	TELECAR	E CORF	PORATIO	ON	108	9	June	30, 2003
	Report Re	ference				As	increase (Decrease)	As Adjusted
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	NTS 	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE				
6	MH 1964	8	A	SUPPORT SERVICES (MODE 60)	**	\$ 38,316	\$ 146,022	\$ 184,338
				To include members expenses to proper cost center and reflect adjustment number 2.				
				CMS PUB. 15-1 SEC. 2304				
Info. Info. 7 Info.	MH 1964 MH 1964 MH 1964 TOTAL	3 5 8 9	A A A	OTHER 24 HOUR SERVICES (MODE 05 ALL OTHER SFC) OUTPATIENT SERVICES (MODE 15) SUPPORT SERVICES (MODE 60) TOTAL		\$ 430,382 2,452,035 0 2,882,417	\$ 0 0 184,338 \$ 184,338	\$ 430,382 2,452,035 184,338 \$ 3,066,755
				To distribute audited Direct Services cost to Other 24 Hour Services Outpatient Services, and Support Services to reflect adjustment number 1 through 6.	ces,			
				ADJUSTMENTS TO REPORTED SD/MC UNITS - Pro	ovider			
8 Info. Info.	MH 1966A MH 1966A MH 1966A	8 9 8+9	TOTAL TOTAL TOTAL	TOTAL MEDICAL UNITS 51.40% TOTAL MEDI/MEDI UNITS 51.40% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS		311,551 0 311,551	30 0 30	311,581 0 311,581_*
Info. Info. Info.	MH 1966A MH 1966A MH 1966A	8A 9A 8A+9A	Total Total Total	TOTAL MEDICAL UNITS 51.48% TOTAL MEDI/MEDI UNITS 51.48% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS		893,892 0 893,892	0 0	893,892 0 893,892
				To adjust Medi-Cal and Medi/Medi units to agree with the State E of Mental Health Summary of Approved claims. Above adjustmer include Phase II. Copies of workpapers detailing adjustments by functions have been provided to the county. See the MH 1970 which reflect the units for the three (3) reimbursement periods.	its service			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide					Provider Number	No. of Adj.		eriod Ended
Flovide	TELECAR	E COR	PORATIO	ON	108	9	June	30, 2003
_	Report Re					As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN			(20010000)	
				ADJUSTMENTS TO REPORTED SD/MC UNITS - Pro	vider			244 504 +
Info. Info. Info.	MH 1966A MH 1966A MH 1966A	8+9 8A+9A	TOTAL TOTAL TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.40% TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.48% TOTAL MEDI-CAL UNITS PLUS MEDI/MEDI UNITS	**	311,581 893,892 1,205,473	0 0 0	311,581 * 893,892 * 1,205,473
				To adjust Medi-Cal and Medi/Medi units to agree with County rec Above adjustments include Phase II. Copies of workpapers deta adjustments by service functions have provided to the county. Se MH 1970 worksheets, which reflect the units for the three (3) reimbursement periods.	ling			*
Info. Info. Info.	MH 1966A MH 1966A MH 1966A		TOTAL TOTAL TOTAL	TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.40% TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS 51.48% TOTAL MEDICAL UNITS PLUS MEDI/MEDI UNITS	**	311,551 893,892 7,234,483	0 0 0	311,551 * 893,892 7,234,483 *
		ı		To adjust Medical and Medi/Medi units to the lesser of the State I of Mental Health Summary of Approved Claims report or County Above adjustments include Phase II. Copies of workpapers detail by service functions have provided to the county. See MH 1970 which reflect the units for the three (3) reimbursement periods.	ecords. ling adjustments			
Info. Info. Info.	MH 1966A MH 1966A MH 1966A	8 9 8+9	TOTAL TOTAL TOTAL	TOTAL MEDICAL UNITS 51.40% TOTAL MEDICAL UNITS 51.48% TOTAL MEDICAL UNITS	**	311,551 893,892 1,205,443	0 0 0	311,551 893,892 1,205,443
				To identify Medi/Medi units for settlement purposes.				
Info.	MH 1978	8	F	EFFECTIVE SD/MC FFP %		51.48%	0.00%	51.48%
				To adjust the FFP Ratio to reflect adjustment number 8 and 9.				
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide			_		Provider Number	No. of Adj.	Fiscal Period Ended		
	TELECAR	E COR	PORATIO	NC	108	9	June	30, 2003	
	Report Re			EXPLANATION OF AUDIT ADJUSTMEN	JTS	As Reported	Increase (Decrease)	As Adjusted	
Adj. No.	Form/ Sch.	Line_	Col.	EXPLANATION OF AUDIT ADJUSTINE		<u> </u>			
9	MH1979	23	J	ADJUSTMENTS TO REPORTED SHORT-DOYLE /MEDI-CAL SETTLEMENT TOTAL SD/MC REIMBURSEMENT - COUNTY PROVIDERS To adjust Total SD/MC Reimbursement to reflect the results of the adjustments made to costs and units of service/time.	ie	\$ 1,163,979	\$ (4,772)	\$ 1,159,207	
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.					

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

County: SANTA BARBARA COUNTY

County Code: 42

	Legal Entity: TELECARE CORPORATION	A	В	С
Leg	gal Entity Number: 00108	Salaries		Total
		and Benefits	Other_	Costs
1	Mental Health Expenditures	1,671,148	1,504,463	3,175,611
2	Encumbrances		 	
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments (Provide Detail)			
5	Total Costs Before Medi-Cal Adjustments	1,671,148	1,504,463	3,175,611
6	Medi-Cal Adjustments from MH 1961			(108,856)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			3,066,755
12:2:2	Administrative Costs (County Only)			
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			3,066,755
				2 200 755
19	Total Costs - Lines 9 through 18			3,066,755

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (10/04)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

County: SANTA BARBARA COUNTY

County Code: 42

	Legal Entity: TELECARE CORPORATION	A	B	С
Le	gal Entity Number: 00108	Salaries		Total
		and Benefits	<u>Other</u>	Adjustments
1_	Member Expenses		(38,316)	(38,316)
2	Member Housing		(146,022)	(146,022)
3	Operating Income		(108,856)	(108,856)
4				
5	Audit Adjustments			
6	To include Member Expenses		38,316	38,316
7_	To include Member Housing		146,022	146,022
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		(108,856)	(108,856)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: SANTA BARBARA COUNTY

County Code: 42

	Legal Entity: TELECARE CORPORATION	A
Le	egal Entity Number: 00108	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	3,066,755
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	430,382
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	2,452,035
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	184,338
9	Total - Lines 2 through 8	3,066,755

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: SANTA BARBARA COUNTY
County Code: 42

CR CR

	Legal Entity: TELECARE CORPORATION	A	В	С	D	E	F	G	
Le	gal Entity Number: 00108]	Service	Service	Service	Service	Service	Service
	Mode: 05 - Other 24 Hour Services (A	ll Other SFC)	Mode Total	Function	Function	Function	Function	Function	Function
L,			<u> </u>	_60	90	<u> </u>	<u> </u>	L	
1_	Allocation Percentage		100.00%		49.99%	·			
2_	Total Units		430,382	3,364	1,260	 -	 	<u> </u>	
3	Gross Cost	gananiya (Striggara Piran)	430,362	215,230	215,152	<u> </u>	NAME OF TAXABLE PARTY.	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	<u> </u>
4	Cost per Unit			63.98	170.76			<u> </u>	
5	SMA per Unit			<u> </u>		 		<u> </u>	
6	Published Charge per Unit				175.00		 		
7	Negotiated Rate / Cost per Unit	Name of the same o			 		*****************		
8	Mark California	07/01/02 - 09/30/02		1					
8A	Medi-Cal Units	10/01/02 - 06/30/03							
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02							
9A	Medicare/Medi-Cai Crossover Units	10/01/02 - 06/30/03							
10	Februard SD/MC (Children) Heite	07/01/02 - 09/30/02							
10A	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03			_				
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11		07/01/02 - 09/30/02		1					
11A	Healthy Families (SED) Units	10/01/02 - 06/30/03				1			
12	Non-Medi-Cal Units			3,364	1,260			[
	<u>on ingraeling alla ingrituring ingrituring ang araw</u> a araway i	07/01/02 00/20/02	 	<u> </u>	<u> </u>	Agriculture (<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>	<u> Programana na Parlana</u>
13	Medi-Cal Costs	07/01/02 - 09/30/02 10/01/02 - 06/30/03	 	 		 	<u> </u>	 	
13A		07/01/02 - 09/30/03	 -		L		<u> </u>	 -	
14	Medi-Cal SMA Upper Limits		 						
14A		10/01/02 - 06/30/03	 -	 					
15	Medi-Cal Published Charges	07/01/02 - 09/30/02							
15A		10/01/02 - 06/30/03	·						
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02				<u> </u>			
16A		10/01/02 - 06/30/03			BORNOS GODINA	National Property Co.		D. CONTROL OF CO.	
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A	Wiedical envieur-car crossover costs	10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03	<u> </u>						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02							
19A		10/01/02 - 06/30/03							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02							
20A	Wiedical e/Wedi-Cal Crossover 700gottates 1/ates	10/01/02 - 06/30/03							
21	<u>, et alget en propriet an alternatives per et en palget en palget et en alla de palget et als de de tente in e</u> En la get en palget en alternatives de la get en en la get en la get e	07/01/02 - 09/30/02	rana <u>en ananana na taran an</u> '	<u>,</u>	ata ta ta ta <u>Ta ta ta ta ta ta ta</u>	******** <u>********</u>	. <u> </u>	<u> </u>	atananda atanan ayara
21A	Enhanced SD/MC Costs	10/01/02 - 06/30/03					+		
22		07/01/02 - 09/30/02				+			
22A	Enhanced SD/MC SMA Upper Limits	10/01/02 - 06/30/03			+				
23		07/01/02 - 09/30/02							
23A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03				+			
24		07/01/02 - 09/30/02			+				
24A	Enhanced SD/MC Negotialed Rates	10/01/02 - 06/30/03				+			
			<u> Maria Agrada</u>	<u> </u>	वस्य कृष्णम्य स्ट्रान	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> Carandaja</u>	Biologica Stage	
		07/01/02 - 06/30/03							
		07/01/02 - 06/30/03							
		07/01/02 - 06/30/03							
28	Inhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29	Annual of English Control of the Con	07/01/02 - 09/30/02	********			************		1212-121-12-1-12-1-12-1	<u> </u>
29A		10/01/02 - 06/30/03							
30		07/01/02 - 09/30/02							
30A		10/01/02 - 06/30/03							
21		07/01/02 - 09/30/02							
31A		10/01/02 - 06/30/03						+	
22		07/01/02 - 09/30/02				+			
32A		10/01/02 - 06/30/03							
	<u>, en la la parte parte, en en la parte de la parte dela parte de la parte de la parte dela parte de la parte de la parte dela parte de la parte de la parte de la parte de la parte dela parte de la parte dela parte del</u>		<u></u>		 	<u>, 1488 (14, 14, 14, 18, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14</u>	-147474747 <u>-14747</u> 47		era Systematera
33 1	Ion-Medi-Cal Costs		430,382	215,230	215,152				

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

County: SANTA BARBARA COUNTY

	County Code: 42	_	CR	CR	CR	CR	CR	CR	
	Legal Entity: TELECARE CORPORATION		A	В	С	D	E	F	G
Le	gal Entity Number: 00108		┨	Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Function
-	Allocation Percentage		100.00%	01 2.11%	2.04%	0.11%	31	41 66.14%	51 0.90%
2	Total Units		100.00%	39,544	29,630	1,626	46,566	962,665	13,073
3	Gross Cost		2,452,035	51,718	49,918	2,739	78,450	1,621,798	22,025
1211		spannananapanapana		1.31		1.68	1.68		
5	Cost per Unit SMA per Unit			1.31	1.68 2.28	2.28	2.28	1.68 2.28	1.68 2.28
6	Published Charge per Unit			1.77	2.28	2.28	2.28	2.28	2.28
7	Negotiated Rate / Cost per Unit								
		07/01/02 - 09/30/02		6,740	8,025	379	6,892	242,213	3,308
8 8A	Medi-Cal Units	10/01/02 - 06/30/03		29,469	19.106	1,044	34,759	674,229	9,722
9		07/01/02 - 09/30/02		23,403	13,100	1,044	34,733	014,223	5,122
9A	Medicare/Medi-Cal Crossover Units	10/01/02 - 06/30/03							
10	_ /	07/01/02 - 09/30/02							
10A	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03							
11	Healthy Families (SED) Units	07/01/02 - 09/30/02							
11A	·	10/01/02 - 06/30/03							
12	Non-Medi-Cal Units			3,335	2,499	203	4,915	46,223	43
13	reconstruction of the second s	07/01/02 - 09/30/02	583,604	8,815	13,520	638	11,611	408,055	5,573
13A	Medi-Cal Costs	10/01/02 - 06/30/03	1,669,149	38,541	32,188	1,759	58,559	1,135,871	16,379
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	789,826	11,930	18,297	864	15,714	552,246	7,542
14A	Juli-Oai Sivin Opper Limits	10/01/02 - 06/30/03	2,258,956	52,160	43,562	2,380	79,251	1,537,242	22,166
15	edi-Cal Published Charges	07/01/02 - 09/30/02	789,826	11,930	18,297	864	15,714	552,246	7,542
15A	The drawn and th	10/01/02 - 06/30/03	2,258,956	52,160	43,562	2,380	79,251	1,537,242	22,166
16	Medi-Cal Negotiated Rates	07/01/02 - 09/30/02	ļ.—						
16A		10/01/02 - 06/30/03		101000000000000000000000000000000000000		atticities and a	Torono de la constitución de la		
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	<u> </u>						
18A		10/01/02 - 06/30/03	ļ						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/02 - 09/30/02 10/01/02 - 06/30/03	<u> </u>						
19A		07/01/02 - 09/30/02				+			
20 20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03	 						
.:.;.:		<u> Paragagaga para tagagat at at at at at a</u>		<u> </u>		<u> </u>	<u></u>	1414	<u> </u>
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02		\longrightarrow					
21A		10/01/02 - 06/30/03	·				 +		
22 22A	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02 10/01/02 - 06/30/03			+				
22A 23		07/01/02 - 09/30/02							
23A	Enhanced SD/MC Published Charges	10/01/02 - 06/30/03				<u>_</u>			
24	- 100010 H	07/01/02 - 09/30/02			-				
24A	Enhanced SD/MC Negotiated Rates	10/01/02 - 06/30/03					 -		
	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	<u> </u>	. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	<u> </u>	. 4. 4 (5. 4 . 4 . 4 . 5 . 5 . 5 . 5 . 5 . 5 .	<u> </u>	***********	15 Carrellana
		07/01/02 - 06/30/03							
		07/01/02 - 06/30/03							
	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03			-		+	 +	
20		07/01/02 - 09/30/02	<u> </u>	<u> </u>	<u> </u>			<u> </u>	
29A	Healthy Families Costs	10/01/02 - 09/30/02	+			+	 +		
20		07/01/02 - 09/30/02						+	
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03						 +	
31	Hoolthy Earnilles Bublished Charges	07/01/02 - 09/30/02							
31A	Healthy Families Published Charges	10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs	. <u></u>	199,282	4,362	4,210	342	8,280	77,872	72
	_ 								

DEPARTMENT OF MENTAL HEALTH PAGE 2 OF 2 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: SANTA BARBARA COUNTY

	County: SANTA BARBARA COUNTY County Code: 42		CR	CR	CR	CR			
Legal Entity: TELECARE CORPORATION			Н		J	K	L	M	N
Legal Entity Number: 00108			Service	Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 1)		Function	Function	Function	Function	Function	Function	Function
-	Toller-Pro December		60 5.92%	61 0.14%	62 17.83%	70 1,63%		 	
2	1 Allocation Percentage 2 Total Units			1,070	139,840	15,821		 	
3	Gross Cost		46,424 145,101	3,344	437,078	39,864	 -	 	
	بحديبه وجديده وبزارت وواينده والمناسية والمناه والمناوية والتناوية	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Section 1.					
4	Cost per Unit		3.13	3.13	3.13	2.52		}	
5	SMA per Unit Published Charge per Unit		4.23	4.23	4.23	3.41 3.41		 	
7	Negotiated Rate / Cost per Unit		4.20	4.25	7.25			† 	
1	The gold account of the control of t			4-04-200	00.504	0.000	<u> </u>	<u> </u>	<u> </u>
8	Medi-Cal Units	07/01/02 - 09/30/02	7,620	259 741	32,501	3,644		 	
8A		10/01/02 - 06/30/03	20,125	741	93,799	10,898		}	
9	Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02			 			├	
9A	 	10/01/02 - 06/30/03 07/01/02 - 09/30/02						 	
10	Enhanced SD/MC (Children) Units	10/01/02 - 06/30/03						 	
	Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03			 			 	
11		07/01/02 - 09/30/02						 	
11/	Healthy Families (SED) Units	10/01/02 - 06/30/03	 		 			 	
12	Non-Medi-Cal Units	. 510 1752 - 00700700	18,679	70	13,540	1,279		 +	
1.1.7	And the second s	Total 100	********* <u>****</u> ***	. e.	ananananan darah darah	Constitution of	<u></u>		<u>નુશામાં પ્રાથમ</u> િક સ
13	Medi-Cal Costs	07/01/02 - 09/30/02	23,817	809	101,584	9,182		 	
13/		10/01/02 - 06/30/03	62,902	2,316	293,174	27,460		├──-	
14	Medi-Cal SMA Upper Limits	07/01/02 - 09/30/02	32,233	1,096	137,479 396,770	12,426		├──-	
144		10/01/02 - 06/30/03	85,129	3,134 1,096	137,479	37,162 12,426		├──	
15	Medi-Cal Published Charges	07/01/02 - 09/30/02 10/01/02 - 06/30/03	32,233 85,129	3,134	396,770	37,162			
15A		07/01/02 - 09/30/02	05,129	3,134	390,770	37,102		 	
16 16A	Medi-Cal Negotiated Rates	10/01/02 - 06/30/03							
-1-1-1			20040000000		Editor in the		वस्तिम्बर दिवस	Tradition	7.11. 1111111111
17	Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02							
17A		10/01/02 - 06/30/03				\longrightarrow			i
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02							
18A		10/01/02 - 06/30/03							
19	Medicare/Medi-Cal Crossover Published Charges	10/01/02 - 06/30/03							
19A		07/01/02 - 09/30/02						\longrightarrow	
20	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/02 - 06/30/03							———
20A		(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>		1273121217272727272			<u> </u>	na Canada da
21	Enhanced SD/MC Costs	07/01/02 - 09/30/02							
21A		10/01/02 - 06/30/03							
22	Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02							
22A		10/01/02 - 06/30/03							
23	Enhanced SD/MC Published Charges	07/01/02 - 09/30/02							
23A		10/01/02 - 06/30/03							
24	Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02				\longrightarrow		~ 	
24A	ું વેત્રાન્ટ કર્યું કરિયો એ મું લેવિક અને કર્યું માનવે ત્રામાં આવેલી માનવા માનવા માનવા માનવા માનવા માનવા માનવા મા	10/01/02 - 06/30/03		nungan pada sa		<u> </u>	<u></u>	200400000000	1010-1010-101
25	Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	1						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03							
29		07/01/02 - 09/30/02	***************************************		***************************************		*1*1*1*1*1*1*1*.		<u> </u>
29A	Healthy Families Costs	10/01/02 - 06/30/03							
30	Landing China Linear Limits	07/01/02 - 09/30/02	+						
30A	Healthy Families SMA Upper Limits	10/01/02 - 06/30/03							
31	Healthy Families Published Charges	07/01/02 - 09/30/02							
31A	readily rannings rubished Charges	10/01/02 - 06/30/03							
32	Healthy Families Negotiated Rates	07/01/02 - 09/30/02							
32A		10/01/02 - 06/30/03							
33	Non-Medi-Cal Costs	<u> </u>	58,382	219	42,320	3,223			
	THOM-INTEGROUND								

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1 Fiscal Year 2002-2003

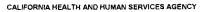
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

County: SANTA BARBARA COUNTY

County Code: 42	CR	CR
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	Legal Entity: TELECARE CORPORATION	Α	В	С	D	E	F	G
Le	egal Entity Number: 00108		Service	Service	Service	Service	Service	Service
	Mode: 60 - Support	Mode Total	Function .	Function	Function	Function	Function	Function
			40	40				
1	Allocation Percentage	100.00%	20.79%	79.21%				
2	Total Units		1	1				
3	Gross Cost	184,338	38,316	146,022				
4	Cost per Unit		38,315.99	146,021.95		drine (sistemi agan agang)		
5	Non-Medi-Cal Units (Same as Line 2)		1	1				
6	Non-Medi-Cal Costs (Same as Line 3)	184,338	38.316	146.022				<u>aaatuunuttaanuut</u>







DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

Fiscal Year 2002-2003

	County: SANTA BARBARA COUNT County Code: 42				REIMBURS	EMENT TYPE			Costs			Costs	
Legal Entity: TELECARE CORPORATION		A B C D			E			G H		J	К.		
Lec	gal Entity Number: 00108		S. F.'s 01-09	Mode 55 S. F.'s 11-19, 31-39	S. F.'s 21-29	Total MAA	Total Inpatient Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col. I + Col.
1_	Medi-Cal Costs	07/01/02 - 09/30/02								583,604	583,604		583,6
1A_		10/01/02 - 06/30/03 07/01/02 - 09/30/02	12222				 	 	-	1,669,149 789,826	1,669,149 789,826	 	1,669,1 789,8
2A	Medi-Cal SMA	10/01/02 - 06/30/03								2,258,956	2,258,956		2,258,
3	Medi-Cal P. C.	07/01/02 - 09/30/02					<u> </u>	ļ <u> </u>		789,826	789,826		789,
<u>3A</u>	 	10/01/02 - 06/30/03 07/01/02 - 09/30/02					}	-	 	2,258,956	2,258,956		2,258,
4A	Medi-Cal N. R.	10/01/02 - 06/30/03											<u> </u>
5	Mardi Cal Casa Raimh, sannash	07/01/02 - 09/30/02					1	1 1-1-1-1-1-1-1-1-1		583,604	583,604	<u> </u>	583,
5A	Medi-Cal Gross Reimbursement	10/01/02 - 06/30/03								1,669,149	1,669,149		1,669,
6_	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02											<u> </u>
6A	 	07/01/02 - 06/30/03 07/01/02 - 09/30/02							<u> </u>				
<u>/</u> 7Δ	Medicare/Medi-Cal Crossover SMA	10/01/02 - 06/30/03						 	 	 	 -	 -	
8	Medicare/Medi-Cal Crossover P. C.	07/01/02 - 09/30/02											
8A	 	10/01/02 - 06/30/03 07/01/02 - 09/30/02						ļ					
9 9A	Medicare/Medi-Cal Crossover N. R.	10/01/02 - 06/30/03						 	1	 	<u> </u>		
10		07/01/02 - 09/30/02					53000033000		interesting plates	0.000.000.000			1919, 519114, 51
10A	Medicare/Medi-Cal Crossover Gross Reim.	10/01/02 - 06/30/03											
11	T. I. CD/IIC.	07/01/02 - 09/30/02					1,		100,000,000	583,604	583,604	(*,*.5 <u>.5.5</u> *(115*(*)	583,1
11A	Total SD/MC + Crossover Gross Reim.	10/01/02 - 06/30/03								1,669,149	1,669,149		1,669,1
12	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02											<u> </u>
12A	Elinanceo obride (Ciliaren) cost	10/01/02 - 06/30/03											
13 13A	Enhanced SD/MC (Children) SMA	07/01/02 - 09/30/02 10/01/02 - 06/30/03							 	-			
14	Enhanced SD/MC (Children) P. C.	07/01/02 - 09/30/02											
14A		10/01/02 - 06/30/03 07/01/02 - 09/30/02											
5A	Enhanced SD/MC (Children) N. R.	10/01/02 - 06/30/03							 -	 			
6		07/01/02 - 09/30/02					<u> </u>	<u> </u>		1,2,2,1,1,1,1,1,1,1,1,1		<u> </u>	er er er er <u>er er er</u>
6A	Enhanced SD/MC (Children) Gross Reim.	10/01/02 - 06/30/03	line di										
	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03					******** <u>*</u> ***********	******************			<u>grafarangrafusaran</u>	******************	<u>, est se</u> ption est est
8	Enhanced SD/MC (Refugees) Cost Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
9 0	Enhanced SD/MC (Refugees) P. C. Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03 07/01/02 - 06/30/03								 			
1	والمراور	ranatatut salahat atahat atahat atahat atah					arang <u>arang kanata</u>	<u></u>		<u> </u>	<u> </u>	************	
1 1A	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/02 - 09/30/02 10/01/02 - 06/30/03								583,604 1,669,149	583,604 1,669,149		583,6
2	Enhanced SD/MC (Refugees) Gross Reim.	07/01/02 - 06/30/03							_	1,003,143	1,009,149		1,669,1
3	er gelegen er en en er er en er En en en en er en er en en er en	07/01/02 - 09/30/02						<u></u>		**************	. * . * . * . * . * . * . * . * . *	30,000,000,000,000,000,000,000,000,000,	<u> Parjamananan Josep</u>
3A	Healthy Families Cost	10/01/02 - 06/30/03											
4	Healthy Families SMA	07/01/02 - 09/30/02 10/01/02 - 06/30/03											
4A 5	Healthy Families P. C.	07/01/02 - 09/30/02										141414141411411414	
5A		10/01/02 - 06/30/03											
6 6A	Healthy Families N. R.	07/01/02 - 09/30/02 10/01/02 - 06/30/03									—— <u> </u>		
1	<u>របស់ប៊ីឬបាំបំបានបំណុងបណ្ឌាស់ក្រុមរបស់ប៉ូក្រុមប្រជាប់ប</u>						-51-10-11-12-12-1		<u> </u>	<u> Argentonia</u>	<u>ranaganaa</u>		<u> </u>
7 7A	Healthy Families Gross Reim.	07/01/02 - 09/30/02 10/01/02 - 06/30/03					 +						
	Less: Patient and Other Payor Revenues	-											
B	SD/MC + Crossover Revenues	07/01/02 - 09/30/02								39	39		3
BA B	Enhanced SD/MC (Children) Revenues	10/01/02 - 06/30/03						-		+			
5	Enhanced SD/MC (Refugees) Revenues												
1	Healthy Families Revenues								.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Total Expenditures from MAA (Mode 55)												
3	Medi-Cal Eligibility Factor (Average) Revenue - MAA			i i ja	} \$400,000,000,000,000,000								
	<u>. Σάξου Ευνομού δερμοσού χρομού συν</u>	07/01/02 - 09/30/02								E92 555	E02.000		
-	Net Due - SD/MC for Direct Services	10/01/02 - 06/30/03			10101010101010101	100000000				583,565 1,669,149	583,565 1,669,149		583,56 1,669,14
Ā	Net Due - Enhanced SD/MC (Refugees)									.,000,140	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1,303,14
A		07/01/02 - 09/30/02							— <u> </u>				
A	Net Due - Healthy Families	10/01/02 - 06/20/02				-1-1-1-1-1-1-1-1	*, *, *, *, *, *, *, *, *, *, *	************					
A	raturalisatiana na matana na m	10/01/02 - 05/30/03				• • • • • • • • • • • • • • • • • • • •					****		
A A	Amount Negotialed Rates Exceed Costs	in en en ingeneral de la company de la compa					degendanger						
A	Amount Negotiated Rates Exceed Costs SD/MC (Includes Children)	10/01/02 - 06/30/03 07/01/02 - 09/30/02 10/01/02 - 06/30/03											
A	Amount Negotialed Rates Exceed Costs	07/01/02 - 09/30/02											

DEPARTMENT OF MENTAL HEALTH

DETAIL COST REPORT

DETERMINATION OF SD/MC FFP % MH 1978 (10/04)

Fiscal Year 2002-2003

County: SANTA BARBARA COUNTY

County Code: 42

Legal Entity: TELECARE CORPORATION

Legal Entity Number: 00108	Α	В	С	D	E	F	
Data Type	Net Dire	ct Costs	FF	P	Effective		
Data Type	(Gross Reim. C	osts - Revenue)	Doll	ars	FFP%		
Source	MH1	970s	MH1	970s	Calculated		
	Column N Column Q Column R Column U		L	—————			
Formula					(C6 / A6)	(D6 / B6)	
Period	1st Period	2nd Period	1st Period	2nd Period	1st Period	2nd Period	
	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	07/01/02 -	10/01/02 -	
Mode	09/30/02	06/30/03	09/30/02	06/30/03	09/30/02	06/30/03	
1 05 - Hospital Inpatient (SFC 10-19)					PRESENTE PARTY.		
2 05 - Other 24 Hour Services (All Other SFC)					在1966年,2006年	72.365.37.55	
3 10 - Day Services					165,441	非文化学 学。	
4 15 - Outpatient (Program 1)	583,565	1,669,149	299,953	859,255		Contract Contract	
5 15 - Outpatient (Program 2)						的名词复数	
6 Totals	583,565	1,669,149	299,953	859,255		(# 10 GHZ) 1	
7 Totals from MH1979	583,565	1,669,149	299,953	859,255		# - # 214 *	
8 Effective SD/MC FFP %				1. 1940 - 17 - 17	51.40%	51.48%	

DETAIL COST REPORT

FFP %

FFP %

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2002-2003

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

County: SANTA BARBARA COUNTY

Source: Source: County Code: 42 MH1978 E8 MH1978 F8 Legal Entity: TELECARE CORPORATION F В G Α Н Legal Entity Number: 00108 Total Total Total 50% 51.40% 51.48% Variable % 75% Total MAA Outpatient Total FFP FFP FFP Inpatient FFP FFP FFP SD/MC Administrative Reimbursement (County Only) County SD/MC Direct Service Gross Reimbursement Contract Provider Medi-Cal Direct Service Gross Reimbursement Total Medi-Cal Direct Service Gross Reimbursement Medi-Cal Administrative Reimbursement Limit Medi-Cal Administration Medi-Cal Administrative Reimbursement Healthy Families Administrative Reimbursement (County Only) County Healthy Families Direct Service Gross Reimbursement Healthy Families Administrative Reimbursement Limit Healthy Families Administration 10 Healthy Families Administrative Reimbursement SD/MC Net Reimbursement for MAA Medi-Cal Admin. Activities Svc Functions 01 - 09 12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39 13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only) 14 Utilization Review-Skilled Prof. Med. Personnel (County Only) 15 Other SD/MC Utilization Review (County Only) 07/01/02 - 09/30/02 583,565 583,565 299,953 299,953 SD/MC Net Reimbursement for Direct Services 10/01/02 - 05/30/03 16A 1,669,149 1,669,149 859,255 859,255 07/01/02 - 09/30/02 Enhanced SD/MC Net Reimb. (Children) 10/01/02 - 06/30/03 18 Enhanced SD/MC Net Reimb. (Refugees) 19 | Total SD/MC Reimbursement Before Excess FFP 1,159,207 20 Amount Negotiated Rates Exceed C 21 Total SD/MC Reimbursement (FFP) Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC 1,159,207 22 Contract Limitation Adjustment 23 Adjusted Total SD/MC Reimbursement (FFP) 1,159,207 07/01/02 - 09/30/02 Healthy Families Net Reimbursement 24A 10/01/02 - 06/30/03 25 Total Healthy Families Reimbursement Before Excess FFP 26 Amount Negotiated Rates Exceed Costs - Healthy Families 27 Total Healthy Families Reimbursement